



OP 1651

Patent
239/252

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

HOUN SIMON HSIA

Serial No.: 08/838,143

Filed: March 24, 1997

For: STABILIZED SOLID BACTERIA
COMPOSITIONS

Group Art Unit: 1651

Examiner: Irene Mary

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AMENDMENT TRANSMITTAL

Box AMENDMENT NO FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

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OC-39114.1

CERTIFICATE OF MAILING
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

EL508736877US

Express Mail Label No.

November 22, 1999

Date of Deposit

Lynne Fulmer

Name of Person Mailing Paper

Lynne Fulmer

Signature of Person Mailing Paper

- ☐ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$380.00
3 months	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$870.00
4 months	<input type="checkbox"/> \$680.00	<input type="checkbox"/> \$1,360.00
5 months	<input type="checkbox"/> \$925.00	<input type="checkbox"/> \$1,850.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.
- ☐ Extension fee due with this Request _____.
- ☐ If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below
Total claims previously paid
for

Total Claims	9	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	1	-	3	=	0	x	\$78.00	\$0.00
Multiple Dependent Claims	\$260	(if applicable)					<input checked="" type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								\$0.00
If applicable, Verified Statement must be attached.								<input type="checkbox"/>
TOTAL FEES FOR CLAIMS SUBMITTED HERewith								\$0.00

- ☐ A check in the amount of _____ is enclosed to cover the above fee(s).
- ☐ Charge Lyon & Lyon's Deposit Account No. 12-2475 in the amount of _____.

☒ The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

Dated: November 22, 1999

By: 

Kurt T. Mulville

Reg. No. 37,194

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